

Low Intensity Support Services INDEPENDENT CONTRACTOR TIMESHEET

Services for _____

Independent Contractor name: _____

Independent Contractor address: _____

Altered time sheets are not accepted. Please contact *name of agency* if you need to change information.

For Office Use Only

Date Approved _____ Daily Rate: \$ _____ # of Days Approved: _____ Amount Approved \$ _____

TIME FRAME:

Check #:

Date	Start Time	End Time	Start Time	End Time

Signature of Client or Guardian _____

Date submitted: _____

Date received: _____

Submitted by: _____

Received by: _____

(Name of LISS staff)

Please allow up to 10-business days, from date the time sheet is received, for processing and mailing of the check.

Return via mail: *Agency Name & address*

Via e-mail: *LISS@*

Via fax: